

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SER:

10-519697

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2		/						52					
3		/						53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10		/						60					
11		/						61					
12		/						62					
13		/						63					
14								64					
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16								66					
17								67					
18		/						68					
19		/						69					
20		/						70					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3							TOTAL IND.					
TOTAL DEP.	24							TOTAL DEP.					
	21												

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